



7/24/84  
FINE COPY

## POTENTIAL HAZARDOUS WASTE SITE

### PRELIMINARY ASSESSMENT

Mueller Belting & Specialty Company

NJD002001550

**Site Name**

**EPA Site ID Number**

150 N. Midland Avenue

Saddle Brook, New Jersey 07662

02-8403-93

**Address**

**TDD Number**

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**Date of Site Visit:** Off-site reconnaissance, NUS Corporation, FIT II, 7/19/84

### SITE DESCRIPTION

Mueller Belting & Specialty Company is a die cutting and stamping operation which manufactures gaskets. Total facility area is 18,000 square feet. The company reported having a total of 55 gallons of trichloroethane contained in drums on site at any one time. This waste solvent is accumulated over a period of months and allowed to evaporate indoors. The operation appears to be orderly with no sign of spills or debris around the building.

**PRIORITY FOR FURTHER ACTION:** High      Medium      Low      NONE X

### RECOMMENDATIONS

The evaporation practice may be in violation of air emission or OSHA standards. An inspection to investigate the evaporation practice is recommended.

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**Prepared by:** Michael L. Nicholas  
**of NUS Corporation**

**Date:** 7/24/84

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POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION  
01 STATE NJ 02 SITE NUMBER D002001550

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Mueller Belting & Specialty Company		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 150 N. Midland Avenue			
03 CITY Saddle Brook	04 STATE NJ	05 ZIP CODE 07662	06 COUNTY Bergen	07 COUNTY CODE 003	08 CONG DIST 07
09 COORDINATES LATITUDE 4 0° 54' 30" N		LONGITUDE 0 74° 06' 30" W			
10 DIRECTIONS TO SITE (Starting from nearest public road) Garden State Parkway north to exit 159 (Saddle Brook). Left onto N. Midland Avenue.					

III. RESPONSIBLE PARTIES

01 OWNER (If known) Mueller Belting & Specialty Company		02 STREET (Business, mailing, residential) 150 N. Midland Avenue			
03 CITY Saddle Brook	04 STATE NJ	05 ZIP CODE 07662	06 TELEPHONE NUMBER (201) 791-5000		
07 OPERATOR (If known and different from owner) Mueller Belting and Specialty Company		08 STREET (Business, mailing, residential) 150 N. Midland Avenue			
09 CITY Saddle Brook	10 STATE NJ	11 ZIP CODE 07662	12 TELEPHONE NUMBER (201) 791-5000		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103(c)) DATE RECEIVED: 5/1/81 <input type="checkbox"/> C. NONE MONTH DAY YEAR MONTH DAY YEAR					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE ____/____/____ <input checked="" type="checkbox"/> NO MONTH DAY YEAR		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1978 Present <input type="checkbox"/> UNKNOWN BEGINNING YEAR ENDING YEAR			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Waste trichloroethane is disposed of on site by evaporation.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION The evaporation practice may be in violation of air emission or OSHA standards.					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (inspection required promptly) <input type="checkbox"/> B. MEDIUM (inspection required) <input type="checkbox"/> C. LOW (inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed. Complete current disposition form)					
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VI. INFORMATION AVAILABLE FROM

01 CONTACT Mark Haulenbeek	02 OF (Agency/Organization) U.S. EPA Edison, Region II		03 TELEPHONE NUMBER (201) 321-6685		
04 PERSON RESPONSIBLE FOR ASSESSMENT Michael L. Nicholas	05 AGENCY	06 ORGANIZATION NUS Corp., FIT II	07 TELEPHONE NUMBER (201) 225-6160	08 DATE 7/24/84 MONTH DAY YEAR	



01 STATE NJ	02 SITE NUMBER D002001550
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## 01 PHYSICAL STATES (Check all that apply)

- ☐ A. SOLID                      ☐ E. SLURRY  
☐ B. POWDER, FINES        ☒ F. LIQUID  
☐ C. SLUDGE                 ☐ G. GAS  
☐ D. OTHER \_\_\_\_\_ (Specify)

## 02 WASTE QUANTITY AT SITE

(Measures of waste quantities must be independent)

**TONS**

**CUBIC YARDS**

NO. OF DRUMS 1

## 03 WASTE CHARACTERISTICS (Check all that apply)

- [illegible]

### III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS	55 gal.	Unknown	Waste solvent is allowed to evaporate.
PSO	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

#### IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

[illegible]

## V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

**VI. SOURCES OF INFORMATION** (Cite specific references, e.g., state files, sample analysis, reports)

EPA Files  
Off Site Reconnaissance, 7/19/84  
Mueller Belting and Specialty Co.



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE NJ 02 SITE NUMBER D002001550

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

No potential exists.

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

No potential exists.

01 ☒ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: Unknown 04 NARRATIVE DESCRIPTION

Potential exists for contamination of air from vapor.

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

No potential exists.

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

No potential exists.

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_ (Acres) 04 NARRATIVE DESCRIPTION

No potential exists.

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

No potential exists.

01 ☒ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

Potential exists for worker exposure to trichloroethane vapor.

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

No potential exists.



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION  
01 STATE 02 SITE NUMBER  
NJ D002001550

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills/runoff/standing liquids/leaking drums)  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

No potential exists.

01 ☐ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

No potential exists.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

IV. COMMENTS

Company evaporates waste trichloroethane in building.

V. SOURCES OF INFORMATION (See specific references, e.g., state files, sample analysis, reports)